

National Emergency Medical Services Advisory Council

December 5-6, 2013

Executive Summary

Members in Attendance: Katrina Altenhofen, Roger Band, Leaugeay Barnes, Arthur Cooper, Carol Cunningham, Patricia Dukes, Thomas Esposito, Marc Goldstone, Kyle Gorman (Vice Chair), Thomas Judge, David Lucas, James McPartlon, Kenneth Miller, Terry Mullins, Nick Nudell, Daniel Patterson, Aarron Reinert (Chair), John Sinclair, Scott Somers, Gary Wingrove, Joseph Wright

Federal Liaisons in Attendance: Drew Dawson, Designated Federal Official, Department of Transportation (DOT), Gregg Margolis, Department of Health and Human Services (HHS), Rick Patrick, Department of Homeland Security (DHS)

DAY 1

Approval of Previous Meeting Minutes, Disclosure of Conflicts, and Opening Remarks

A motion to approve the September 5–6, 2013 meeting minutes was carried with a unanimous vote. Drew Dawson asked the members to disclose any real or potential conflicts of interest. Kyle Gorman stated that his organization has received a \$2 million grant from the Federal Emergency Management Agency. The other members stated that they had no conflicts of interest or changes in status since the previous NEMSAC meeting. NEMSAC Chair Aarron Reinert noted that Vice Chair Kyle Gorman will be leading a committee of committee chairs to compose an annual report of the council. Jon Kuo recently wrote a letter stating his intention to resign from the council. Mr. Dawson welcomed two new federal liaisons—Rick Patrick, from DHS, and Gregg Margolis, from HHS. Dr. Margolis was filling-in for Edward Gabriel of HHS.

Federal Liaisons Update

Department of Transportation (DOT). Mr. Dawson reported that the Federal Highway Administration (FHWA) continues to work on its Highway Safety Improvement Program to reduce fatalities and serious injuries on all public roads. The FHWA Office of Transportation Operations, Office of Safety and the NHTSA Office of EMS held a meeting of senior EMS leaders in October, focusing on efforts to improve traffic incident management and response. The plan is to incorporate EMS education into traffic incident management training. The Research and Innovation Technology Administration has, among its many activities, a project focusing on keeping emergency workers safe at roadway incidents. DOT is developing software programs that will help to predict when secondary crashes could occur and warn responders.

The National Highway Traffic Safety Administration (NHTSA) has been working with the Department of Defense in various activities, such as addressing educational and licensure challenges for returning military EMS personnel. The Federal Interagency Committee for

Emergency Medical Services (FICEMS) is working to implement the Model Uniform Core Criteria for MCI triage based on NEMSAC recommendations. Separate work with the National Association of State EMS Officials will produce model clinical guidelines that will be available for review by Spring.

Department of Homeland Security (DHS). Mr. Patrick provided updates from DHS on issues in the first response community. A particular focus is local preparation for catastrophic events and the DHS first responder branch works with FICEMS to ensure that efforts are responding directly to the needs of stakeholders. A medical liaison officer program focuses on emergency medicine and occupational health with the goal of bridging the gap between homeland security and healthcare. DHS is working on a model interstate compact for licensure of EMS personnel under a contract with NASEMSO, which will enhance DHS (and other EMS) personnel mobility across state lines. DHS continues to develop guidance for first responders in cases of mass shootings and similar events. DHS continues to work closely with other Federal agencies. The US Fire Administration has developed training/guidance for responses to active shooters. It is partnering with the Centers for Disease Control and Prevention in a voluntary program, now in pilot stage, for first responders in cases of anthrax.

Department of Health and Human Services (HHS). Dr. Margolis reviewed progress in implementation of the Affordable Care Act. He reported that the Health Care Innovation Awards are in their second round and that applications are now being reviewed. Billions of dollars are available for projects, some of which will be EMS related. The National Institutes of Health (NIH) hired a new director, Dr. Jeremy Brown, for its Office of Emergency Care Research. The EMS for Children program at the Health Resources and Services Administration (HRSA) is championing the National Pediatric Readiness Project to measure emergency department readiness for critical pediatric patients. HRSA also will award over \$45 million in grants over the next three years focused on pediatric research in EMS.

The Office of the Assistant Secretary for Preparedness and Response (ASPR) recruited Dr. Brendan Carr to be the new director for the Emergency Care Coordination Center. ASPR is working with the Association of State and Territorial Health Officials in a project to analyze regulatory barriers for community paramedicine projects. ASPR recently released guidance on HIPAA rules regarding emergency medical situations. The NIH's Resuscitation Outcomes Consortium, a prehospital research project with 12 centers, expires in 2015. Possible new funding is being discussed.

National EMS Culture of Safety Strategy

Sabina Braithwaite, M.D., FACEP, of the American College of Emergency Physicians, reviewed the history and progress of the project to develop a strategy to achieve a culture of safety within EMS. The effort began in September 2010 and has led to a published document, which provides guidance for developing an EMS culture of safety. Many stakeholders have been involved. The document seeks a balance for the safety of the patient, the provider, and the public. It recognizes unique environments and recommends that safety considerations permeate all EMS activities. It addresses the ideas of "just culture", coordinated support and resources, data systems, standards, and more.

In response to comments by NEMSAC, the developers provided the document with an initial segment featuring highlights, expanded the references, clarified the audience and contexts, and referred to the variety of definitions of EMS. Follow-up activities will include curricula addressing leadership education, identification of high-risk individuals, the use of critical thinking, and the integration of safety in all education. The program will continue as an ongoing project with ACEP. Dr. Braithwaite suggested that NEMSAC support the uniformity of data, provide clear definitions, identify other relevant initiatives, provide feedback, and suggest tools.

Subcommittee Presentations and Discussions

EMS Agenda for the Future. Patricia Dukes reported that the subcommittee determined that: (1) the 1996 EMS Agenda for the Future should be revised, (2) there is continued value in a national vision document for EMS, (3) the federal government's role in the development of such a document involves leadership and support, (4) the revised document should include the existing attributes as well as others relevant to the current situation, and (5) the document should be titled after the revision is completed. Mr. Judge suggested expressing a deeper context, describing earlier initiatives, and including issues of population health, per capita costs, and quality care. The NEMSAC members agreed that the update should be significant—a full revision of the earlier document. Ms. Dukes stated that the 14 attributes described in the original EMS Agenda for the Future document remain relevant. New areas to be addressed in the EMS Education Agenda for the Future include preparedness and community paramedicine. The topics of workforce, decision science, and licensing/regulation should be also strengthened.

Patient Protection and Affordable Care Act. John Sinclair reported that inquiries to the Internal Revenue Service about the definitions of “employee” under the ACA have been made. A concern is the status of volunteer EMS workers and how that will affect systems' requirement to provide health insurance. The issue is complex, and no further information has arrived. Changes to and postponements of the law have reduced clarity.

EMS Education Agenda for the Future. Dr. Cooper referred to a letter to colleagues/public, with chairman Reinert's signature, requesting suggestions for the minor revisions of the EMS Education Agenda. The subcommittee will review comments and report on potential next steps for updating at the April NEMSAC meeting. The subcommittee is concerned with the structure of education, not the content. Mr. Nudell stressed that the education agenda should complement the general agenda for the future.

Overview of the Patient Protection and Affordable Care Act (ACA)

Catherine Oakar, of HHS Office of Health Care Reform, provided an overview of the ACA and described progress in the law's implementation. The law attempts to address issues that have been present in the U.S. health care system, including the burden of preexisting conditions, the large rises in insurance premiums, people who are uninsured or underinsured, and greater expenses for small businesses (compared with larger businesses). As of the meeting, 106,185 Americans had enrolled in a marketplace plan. About 1.46 million people had enrolled in expanded Medicaid. The marketplaces allow people to find insurance options. They opened for

enrollment on October 1. The law mandates that insurers offer a package of essential benefits/coverage. Financial benefits, in the form of discounted premiums for eligible people, are available. States have the option to expand Medicaid services. Mr. Sinclair expressed concern about difficulties involving event-driven medicine and reimbursement. He wondered if reimbursement will be population-based? Mr. Sinclair also raised the issue of reimbursement occurring only when transport to certain hospitals occurs. Dr. Margolis noted that the new system infrastructure will lead to efficiencies, guided by the CMS Innovation Center.

Public Comment

Mr. Louis Lombardo, of Care for Crash Victims, referred to a petition he made to the NHTSA Administrator, noting the continuing large number of crash deaths and injuries and asking the Administrator to suggest that the President (1) adopt a national goal for the treatment of serious crash injuries, (2) adopt a national goal to publish state crash injury data, and (3) adopt a national goal to publish a recommended URGENCY software algorithm.

Michael Touchstone, of the National EMS Management Association and the Philadelphia Fire Department, inquired about the possibility of commenting on particular issues and updates for the EMS Education Agenda for the Future. Severo Rodriguez, of the National Registry of Emergency Medical Technicians, noted a recent report of national EMS certification. He emphasized the effort to eliminate discrimination in the application of the national certification exam. Most states now require national EMS certification. EMS health care providers are prepared in standard care.

DAY 2

Subcommittee Reports and Discussions

EMS Agenda for the Future. The subcommittee members edited their draft recommendation for revising the EMS agenda for the future. The draft now features a justification up front and cites the Institute of Medicine’s “The Future of Emergency Care” and the “National EMS Culture of Safety Strategy.” It now calls for a major revision of the original EMS agenda document. The subcommittee’s draft recognizes the idea of a changing definition of EMS. Dr. Cooper suggested creating a deadline of 2016 for producing the new agenda—that being the 50th anniversary of the National Academy of Science’s white paper on injury. The NEMSAC members voted unanimously to accept the subcommittee’s recommendation to proceed. A final vote will take place at the next NEMSAC meeting.

Patient Protection and Affordable Care Act. The subcommittee determined that it should consider best practices in community paramedicine, which is evolving. The issues of EMS as employers and the definition of volunteer remain. The subcommittee plans to explore the issues further at the April meeting.

EMS Education Agenda for the Future. The subcommittee discussed how to incorporate comments from reviewers into the education document. Dr. Cooper asked the other NEMSAC members to forward additional comments. A vote on the draft document might occur at the April

meeting, along with comments by the council members. A final vote likely will occur in September or December.

Safety. The subcommittee expressed interest in keeping the new culture of safety strategy document visible. The members discussed short-term action and long-term action—the latter including development of a safety resources center that will feature dissemination, aggregation of information, tool kits, and best practices. Mr. Dawson noted a draft letter he composed (from DOT to the council’s chair) calling for NEMSAC to provide recommendations for DOT actions to implement a national culture of safety strategy. Ms. Barnes called for a multifaceted approach and working with organizations to achieve progress in a culture of safety.

Discussion of NEMSAC Priorities

Considering the past year, the NEMSAC members listed issues, topics for future discussion and conclusions, including:

- Expanding the committee’s vision and seeking to cause more rapid change.
- The progress of the subcommittees.
- The collegial atmosphere of the council and the transparency of its processes.
- A need for more time to review the work of the subcommittees.
- Whether the effort to engage the public has been coming up short.
- The helpful use of subject matter experts in the subcommittee work.
- A need for technical writers to convey the work of the groups.
- The idea of holding full meetings four times per year rather than three times per year.
- Avoiding tactical matters and sticking to strategic matters.
- Making the council’s work more relevant to the public.
- Providing more timely and frequent updates.
- Addressing community paramedicine and bundled payments.
- Streaming the council meetings live over the Internet.
- Holding the council meetings in other cities.
- Taking up the issue of EMS as an essential service.
- Avoiding the repeating of issues and the dropping of tasks.

Final Public Comment

Ben Chlapek, of the National Association of Emergency Medical Technicians, expressed his view that EMS is an essential service. He encouraged the NEMSAC to recommend that such a statement be made in a formal manner. A representative of the International Association of Firefighters asked the council to consider supporting legislation to protect EMS personnel during instances of discovery, including unintentional mistakes and other safety issues. Dia Gainor, of the National Association of State EMS Officials, supported calls for a uniform algorithm and technology that relays information from a crash, including information that suggests types of injury, to dispatchers. Dr. Somers expanded the discussion to include a national public safety network that uses broadband, and he proposed inviting an authority in that area (FirstNet) to present at a future NEMSAC meeting.

Final Thoughts

Mr. Judge raised the issue of greater morbidity and mortality in rural areas. About 47 million Americans live more than 60 minutes from a trauma center. Mr. Judge proposed the creation of a subcommittee to look at injury statistics and consider actions that could be taken to increase timely response. Dr. Wright proposed the development of metrics for evaluating emergency services. Mr. Wingrove suggested asking the National Institute of Standards and Technology to weigh-in on potential devices for communications.

Mr. Gorman suggested that the council focus on prevention and matters valuable to communities—lowering costs and improving outcomes. Mr. Reinert suggested making recommendations about the use of stored data and about issues of reimbursement. Mr. Mullins proposed an aggregation of the large amounts of data about performance from states, federal government, and professional organizations. Perhaps NEMSAC could create a 1-page document describing EMS of the future.